



Commissioner for Patents  
Washington, DC 20231  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9085

<b>SERIAL NUMBER</b> 10/034,224	<b>FILING DATE</b> 12/28/2001 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2682	<b>ATTORNEY DOCKET NO.</b> 1662-55300 (P01-3881)	
<b>APPLICANTS</b> Matthew J. Wagner, Houston, TX; Robin T. Castell, Spring, TX; Timothy Neill, Houston, TX;					
<b>** CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/18/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 23505					
<b>TITLE</b> Wireless communication system integrated into a computer display					
<b>FILING FEE RECEIVED</b> 924	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>APPLICANTS</b> Matthew J. Wagner, Houston, TX; Robin T. Castell, Spring, TX; Timothy Neill, Houston, TX;					
<b>** CONTINUING DATA *****</b> <i>none MM</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>none MM</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/18/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>allowance</i> Verified and <i>MM</i> Acknowledged <i>MM</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 2
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